

● PRINTER RUSH ●

(PTO ASSISTANCE)

Application : <u>09/660093</u>	Examiner : <u>Atschar, K</u>	GAU : <u>2681</u>
From : <u>S.G.C.</u>	Location : <u>DC</u> FMF FDC	Date : <u>1/13/05</u>
Tracking # : <u>6043986</u>		Week Date : <u>11-29-04</u>

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449		<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS		<input type="checkbox"/> Foreign Priority
<input checked="" type="checkbox"/> <u>CLM</u>	<u>07-28-2004</u>	<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW		<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW		<input type="checkbox"/> Other
<input type="checkbox"/> DRW		
<input type="checkbox"/> OATH		
<input type="checkbox"/> 312		
<input type="checkbox"/> SPEC		

RECEIVED

FEB 07 2005

DIRECTOR OFFICE
TECHNOLOGY CENTER 2600


[RUSH] MESSAGE: Improper Dependency: Claim 2 depends upon higher numbered claim 3 (original claim 21) Please Resolve

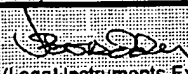
Thank You
AKC

[XRUSH] RESPONSE: there was a Typo ERROR on re numbering the Claim which the Corrections are Reflected on the enclosed sheets.

INITIALS: V.A. 2/9/05

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.
REV 10/04

Issue Classification 	Application No.	Applicant(s)	
	09/660,095	KOGIANTIS ET AL.	
	Examiner 1/4 R Kamran Afshar, 703-305-7373	Art Unit	
		2681	

ISSUE CLASSIFICATION										
ORIGINAL				CROSS REFERENCE(S)						
CLASS	SUBCLASS			CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)					
455	562.1			455	575.7	550.1	101			
INTERNATIONAL CLASSIFICATION										
H	0	4	B	1/38						
H	0	4	M	1/00						
				/						
				/						
				/						
Kamran Afshar 11/05/2004 (Assistant Examiner) (Date)				DAVID HUDSPETH SUPERVISORY PATENT EXAMINER TECHNOLOGY CENTER 2F (Primary Examiner) (Date)				Total Claims Allowed: 29		
 (Legal Instruments Examiner) (Date)								O.G. Print Claim(s) 1	O.G. Print Fig 4	

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant				<input type="checkbox"/> CPA				<input type="checkbox"/> T.D.				<input type="checkbox"/> R.1.47			
Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original
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2	2		32		62		92		122		152		182		
3	3		33		63		93		123		153		183		
4	4		34		64		94		124		154		184		
5	5		35		65		95		125		155		185		
6	6		36		66		96		126		156		186		
7	7		37		67		97		127		157		187		
8	8		38		68		98		128		158		188		
9	9		39		69		99		129		159		189		
10	10		40		70		100		130		160		190		
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24	25		55		85		115		145		175		205		
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30	30		60		90		120		150		180		210		